

MIL 000005574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200299349632

05/22/17--01028--023 \*\*60.00

FILED  
17 MAY 22 AM 7:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 23 2017  
J SHIVERS



577 Lakeview Terrace SE  
Mableton, Georgia 30126

Phone: 678.777.4721  
dkendrick@mycorporateparalegal.com

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May 17, 2017

SENT VIA UPS OVERNIGHT

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Name Change Amendment – Neurolink Monitoring, LLC

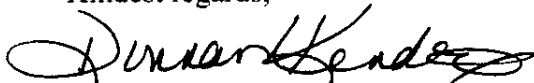
Dear Sir or Madam:

Enclosed please find the following:

1. Application by Foreign LLC for Name Change Amendment;
2. Certificate of Amendment reflecting Name Change issued by the Secretary of State of Georgia; and
3. My firm's check in the amount of \$60 to cover the requisite filing fees and evidence.

Please do not hesitate to contact me should you have any questions. Thank you for your prompt attention to this matter.

Kindest regards,



Donna M. Kendrick

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Neurolink Monitoring LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Kendrick

Name of Person

MyCorporateParalegal.com LLC

Firm/Company

577 Lakeview Terrace SE

Address

Mableton, GA 30126

City/State and Zip Code

dkendrick@mycorporateparalegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Kendrick at (678) 777-4721  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Neurolink Monitoring LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000005574

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 7-12-2016

**SECTION II (5-9 complete only the applicable changes)**

**Crosslink IOM Services, LLC**

5. New name of the limited liability company must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida**

City

\_\_\_\_\_, **Zip Code**

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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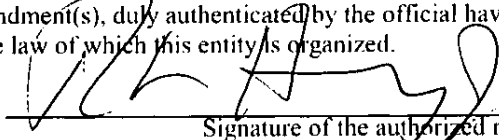
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9. Attached is a certificate, if required; no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**Richard L. Haury, Esq.**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

## CERTIFICATE OF AMENDMENT

### NAME CHANGE

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**NeuroLink Monitoring LLC**

a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 03/16/2017 changing its name to

**Crosslink IOM Services, LLC**

a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on 03/24/2017



Brian P. Kemp  
Secretary of State

**ARTICLES OF AMENDMENT**

**\*Electronically Filed\***

**Secretary of State**

**Filing Date: 3/16/2017 9:36:40 AM**

Business Name : NeuroLink Monitoring LLC

Control Number : 15048821

The date the articles of organization were filed was: 05/06/2015

The entity hereby adopts an amendment to change its name to the following new business name:

New Business Name : Crosslink IOM Services, LLC

Effective Date : 03/16/2017

Authorizer Signature : Gordon Ford

Authorizer Title : Manager